

(1) OWNER: Name Fakerubear (R.D. CRAY) Address 4086 400 AVE. W. Oak Harbor, Wa.(2) LOCATION OF WELL: County Island NE 1/4 SW 1/4 Sec 7 T 33 N. R 2 E W.M.Bearing and distance from section or subdivision corner S 29° 21' 21" E, 467 ft. & N 84° 30' 34" E, 192 ft. from NW cor. G.L. 2(3) PROPOSED USE: Domestic ☒ Industrial ☐ Municipal ☐
Irrigation ☐ Test Well ☐ Other ☐(4) TYPE OF WORK: Owner's number of well (if more than one) _____
New well ☒ Method: Dug ☐ Bored ☐
Deepened ☐ Cable ☒ Driven ☐
Reconditioned ☐ Rotary ☐ Jetted ☐(5) DIMENSIONS: Diameter of well 6 inches.
Drilled 115 ft. Depth of completed well 115 ft.

(6) CONSTRUCTION DETAILS:

Casing installed: 6 " Diam. from 0 ft. to 110 ft.
Threaded ☐ " Diam. from _____ ft. to _____ ft.
Welded ☒ " Diam. from _____ ft. to _____ ft.Perforations: Yes ☐ No ☒Type of perforator used _____
SIZE of perforations _____ in. by _____ in.
_____ perforations from _____ ft. to _____ ft.
_____ perforations from _____ ft. to _____ ft.
_____ perforations from _____ ft. to _____ ft.Screens: Yes ☒ No ☐Manufacturer's Name Cock
Type RED BRASS Model No. _____
Diam. 6 Slot size 25 from 110 ft. to 115 ft.
Diam. _____ Slot size _____ from _____ ft. to _____ ft.Gravel packed: Yes ☐ No ☒ Size of gravel: _____
Gravel placed from _____ ft. to _____ ft.Surface seal: Yes ☒ No ☐ To what depth? 18 + ft.Material used in seal CEMENT
Did any strata contain unusable water? Yes ☐ No ☒
Type of water? _____ Depth of strata _____
Method of sealing strata off _____(7) PUMP: Manufacturer's Name _____
Type: _____ H.P. _____(8) WATER LEVELS: Land-surface elevation _____ ft.
above mean sea level _____ ft.
Static level 81.6 ft. below top of well Date MAY 15
Artesian pressure _____ lbs. per square inch Date _____
Artesian water is controlled by _____ (Cap, valve, etc.)

(9) WELL TESTS: Drawdown is amount water level is lowered below static level

Was a pump test made? Yes ☐ No ☐ If yes, by whom? _____
Yield: _____ gal./min. with _____ ft. drawdown after _____ hrs.
" " " " " "
" " " " " "

Recovery data (time taken as zero when pump turned off) (water level measured from well top to water level)

Time	Water Level	Time	Water Level	Time	Water Level

Date of test _____
Bailer test 30 gal./min. with _____ ft. drawdown after 2 hrs.
Artesian flow _____ g.p.m. Date _____
Temperature of water _____ Was a chemical analysis made? Yes ☐ No ☐

(10) WELL LOG:

Formation: Describe by color, character, size of material and structure, and show thickness of aquifers and the kind and nature of the material in each stratum penetrated, with at least one entry for each change of formation.

MATERIAL	FROM	TO
SAND with Clay	0	41
SANDY CLAY	41	67
GRAVEL	67	97
CLAYER GRAVEL	97	115
CLAY	115	

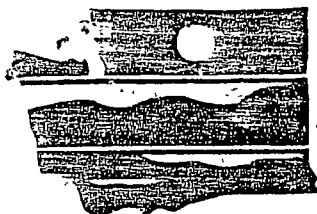
Work started MAY 1, 1975 Completed MAY 10, 1975

WELL DRILLER'S STATEMENT:

This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.

NAME WHIDBEY WELL DRILLERS
(Person, firm, or corporation) (Type or print)Address OAK HARBOR WA[Signed] Donna Gale
(Well Driller)License No. 0129 Date MAY, 1975

(USE ADDITIONAL SHEETS IF NECESSARY)



WASHINGTON STATE
DEPARTMENT OF
ECOLOGY

Well Tagging Form ^{MS}

Unique Well Tag No: AGA 588 / 501

RECORD VERIFICATION (check ☒ one)

- ☐ Well Report available (please attach this form to the well report and submit it to the Ecology Regional Office near you)
- ☐ Verification inconclusive
- ☐ Well Report not available

WELL OWNERSHIP, IF DIFFERENT FROM WELL REPORT

First Name: FIRECREST COMM WATER SYS
24529-4

Last Name: _____

Street Address: _____

City: _____ State: _____

LOCATION OF WELL, IF DIFFERENT FROM WELL REPORT

Well Address: _____

City: _____ County: _____

T. _____ N. _____ R. _____ W.M. Sec. _____ 1/4 of the _____

FOR AGENCY USE ONLY

Latitude _____

Longitude _____

Elevation at land surface _____ feet/meters (circle one)

Additional information, if available:

☐ Location marked on topographic map (please attach)

☐ Location marked on air photo (please attach)

- ☐ GPS
- ☐ Topographic Map
- ☐ Survey
- ☐ Computer generated
- ☐ Digital Altimeter
- ☐ Topographic Map
- ☐ Other _____

State Dept of Health

The Department of Ecology does NOT Warranty the Data and/or the Information on this Well Report.

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WELL CHARACTERISTICS

Physical Description of well (size of casing, type of well, housing, etc.)

12" CASING, HOUSED IN A CEMENT STRUCTURE WITH CEMENT COVER

PUMP HOUSE SITS TO SOUTH AND PAINTED BROWN. WATER STORAGE

TANK IS SOUTH WEST OF HEAD

Location of Well Identification Tag:

CASING

Is supplemental tag needed for ease of identifying well?

☐

Yes

☒

No

Where was tag placed?

Scale 1:24,000 (1"=2,000')

Indicate the location of the well within the Section by drawing a dot at that point.

SECTION

D	C	B	A
F	G	H	
L	K	J	
P	Q	R	

Comments:

FOR ECOLOGY WATER RESOURCES PROGRAM ONLY

Right #

Date Issued

One: Application Permit Certificate Claim Exempt